

APPLICATION FOR LODGING ESTABLISHMENT LICENSE

Phone (785) 296-5600 FAX (785) 296-6522

Please mail **Application & Check** to:**Kansas Department of Health and Environment****Bureau of Consumer Health****ATTN: Lodging Safety & Sanitation Program (LSSP)****Application MUST accompany Check****1000 SW Jackson Ste 330****Topeka, Kansas 66612-1365**

Date _____

APPLICATION MUST BE FULLY COMPLETED. All facilities must be inspected and licensed *prior* to operation.**Completion and submission of this form does not constitute authorization to open a lodging establishment.****Establishment Information**

Establishment Name _____ Date operation to begin _____

Previous Establishment Name _____

Street Address _____ Phone () _____

City _____ KS Zip _____ County _____

State Tax ID # _____ OR Fed ID # _____ - _____ OR Social Security # _____ - _____ - _____

Owner Information (PLEASE LIST LEGAL OWNERSHIP; corporation, limited partnership, individual, etc.)

Owner name _____ E-mail Address _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

Optional Mailing Address

Name _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

List all persons, individuals, partners, officers, holders, or owners of 10% or more of voting stock, and persons in an officer or executive capacity of the corporation. Notify the Dept of Health and Environment within 30 days of any changes in the listing given.

Name	Title

FEES SCHEDULE: LICENSES ARE ISSUED FOR THE CALENDAR YEAR. ALL LICENSES EXPIRE DECEMBER 31 OF THE YEAR FOR WHICH LICENSE WAS ISSUED. APPLICATION FEE NOT REFUNDABLE.**APPLICATION FEE**

1 – 9 rooms \$ 30.00

10 – 29 rooms \$ 50.00

30 or more rooms \$100.00

LICENSE FEE

1 – 9 rooms \$30.00

Add \$5.00 for each

additional 10 rooms

TOTAL GUEST ROOMS _____**TOTAL FEE** _____**Credit Card Information – DISCOVER CARD ONLY**

A 2.5% convenience fee will be assessed on this transaction to cover the costs associated with the acceptance of this credit card.

Acct. Number: _____ Exp. Date: _____
(Please Print Clearly)**Signature as on Card:** _____

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Mail License to:

____ Establishment

____ Owner

____ Optional Address

Mail Renewal to:

____ Establishment

____ Owner

____ Optional Address

Complementary Breakfast for guests

☐ Yes ☐ No

Other Food Service provided for non-guests

☐ Yes ☐ No**Official Use Only**

Application Completed

Date _____

By _____

Inspector ID #: _____

Licensing

Inspection Date: _____

Applicant's Name (print) _____

TITLE

Applicant's Signature _____For more information, visit our web site at www.kdheks.gov/bch